

More than half of IDU AIDS cases in Tennessee were between 30 and 39 years of age at the time they were diagnosed with AIDS. Nearly one-quarter were aged 40 to 49 years.

As of March 1996, the preliminary 1995 data suggest a dramatic drop in IDU exposure cases in the youngest age-groups, i.e., 13-29 (from 20% cumulatively to 14%) and a corresponding increase in cases in the 40 and over age-group from 27% to 39%. If the final data support this trend, then this shift in the incidence of IDU AIDS from younger to older age-groups should be viewed in light of changes in HIV incidence.

Regions with the highest percentage of AIDS cases attributed to IDU were Southwest Tennessee, Davidson and Shelby Counties. Madison County had the lowest proportion of IDU AIDS cases as a share of all AIDS cases.

5.6.3. AIDS Cases Attributed to Both MSM and IDU

Whites predominate among the combined exposure category of MSM and IDU. This joint exposure was most frequent in 30 to 34 year-olds, as was the case for both MSM and IDU exposures. A shift toward the older ages is possible.

Regionally, Northeast Tennessee and Upper Cumberland had the highest proportions of AIDS cases in this exposure category at 16% and 13%, respectively. The Mid Cumberland region, Knox and Hamilton Counties, East Tennessee and Southwest Tennessee were at the low end of the spectrum at 6%.

5.6.4. AIDS Cases Attributed to Heterosexual Transmission

Sixty-two percent of both cumulative and 1995 AIDS cases attributed to heterosexual transmission were among females. Sixty-one percent were among blacks, 37% among whites, and 2% among persons of other races. More than 40% of AIDS cases with this exposure risk were ages 25-34. Thirteen percent were under 35 and 10% were 50 and over.

Heterosexual exposure risks differed by sex. For males, having sex with an injecting drug user and having sex with a person with unspecified HIV/AIDS risk were each equally represented at 49% in cumulative AIDS cases. Risk of HIV infection from having sex with a partner whose risk was attributed to receiving contaminated blood products was rare at around 2% of overall male cases. In 1995, provisionally, nearly 75% of heterosexually transmitted HIV in persons with AIDS was attributed to sex with a person with HIV/AIDS and unspecified risk and only 27% to sex with a female whose risk was injecting drug use.

Cumulatively, 44% of AIDS cases among females transmitted heterosexually were attributed to having sex with a partner with an unidentified risk for HIV/AIDS, and 43%